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Massachusetts Hospital School

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The Massachusetts Hospital School provides comprehensive rehabilitation and chronic care to multi-handicapped children and young adults. A disability is a reality. We are in the business of maximizing abilities and minimizing the limitations of disabilities.

An Overview

The Massachusetts Hospital School is a unique health-care facility for physically disabled children and young adults, up to age 22, who are affected by:

- cerebral palsy,
- muscular dystrophy,
- myelodysplasia (spina bifida),
- trauma-induced disability, and
- other physically-debilitating acquired or congenital disorders

and who need specialized interdisciplinary care. We offer professional *medical, educational* and *rehabilitative* services in both residential and outpatient programs. Our goal is to assist everyone we serve in reaching his or her fullest potential for independence.

Massachusetts Hospital School (MHS) is located on an 160-acre suburban campus in Canton, fifteen miles southwest of Boston. It is governed by a Board of Trustees whose five members are appointed by the Governor. The State Department of Public Health (DPH) provides the administrative oversight, as well as major funding for the hospital and all non-educational components of the facility. The Department of Education's Bureau of Institutional Schools (BIS) provides funding and management of the educational component in conjunction with the Department of Public Health.

Founded in 1907 by Dr. Edward H. Bradford, MHS was the first facility of its kind to combine medical services with educational instruction. Mid-century saw the development of effective preventive measures which virtually eliminated many illnesses such as polio and tuberculosis. The Hospital School adapted its programs to serve patients with other physically handicapping conditions. We have evolved to meet the needs of youngsters whose medical, educational and rehabilitative requirements grow more and more complex.

Massachusetts Hospital School

Our Mission

The unchanging mandate of the Massachusetts Hospital School is to provide services to physically disabled children which will help them develop to their maximum potential in all aspects of life. Strong emphasis, therefore, is placed on our holistic approach to caring for our patients who are our students as well.

Our staff and programs have taken advantage of new technologies and treatments to create an environment which is consistent with our philosophy of promoting optimal independence for our youngsters. Essential to this concept is the interaction of educational, medical, recreational and adaptive-living programs that directly serve the young person, the family and the community. We are committed to continuing to implement our philosophy through a constant growth and learning process so that our future will be as successful as our past has been in addressing the needs of physically challenged individuals.

The task facing any primary health-care provider in this decade is not merely to predict the future. The real challenge is to choose the future — with both a realistic grasp of how today's problems will look tomorrow and a practical assessment of our ability to find new solutions. The Massachusetts Hospital School welcomes this challenge.

We support each young person in exploring and mastering new environments, enhancing productivity, actively pursuing leisure activities with peers and developing self-reliance. In other words, helping kids be kids!

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We have just one goal: responding to the complex needs of children with disabilities. We seek to create an environment which stimulates growth by acknowledging individual differences, building confidence, allowing risk and developing responsibility.

The Services

The 120-bed hospital at MHS is fully accredited by the Joint Commission and staffed by a team of skilled nurses and medical personnel offering their expertise in chronic and rehabilitative care. Services include:

- medical management,
- diagnostic services,
- family support services,
- orthopedic surgery,
- physical, occupational, recreational and respiratory therapies,
- dental care,
- rehabilitation, and
- speech and language therapy.

Through the John J. Foley Outpatient Center, an outpatient has complete access to the full range of specialty clinics.

The school's curriculum contains a variety of academic and vocational programs that have been designed to meet the individual educational plan (IEP) of each student. Vocationally oriented programs assist students in job training and placement. Academically able students graduate from the Brayton School, which is on the MHS campus, with a fully accredited high school diploma.

Support services at MHS include social workers, psychologists, adaptive designers and nutritionists among others. An important part of our services is our adaptive recreation program. MHS has built a fully accessible recreational facility which offers:

- swimming and sailing,
- bowling and archery,
- hydra-fitness and weight-training,
- regional, national and international athletic competition,
- basketball, hockey, and soccer
- horseback riding

along with activities in a 4-H goat and rabbit club, a nature trail and a ropes-challenge course.

The outlook for physically disabled individuals has improved dramatically in recent years and continues to change. It is our job to set long and short-term goals for each of our youngsters — MHS must be a temporary stop on the road to greater independence.

Our Admission Policy

The Massachusetts Hospital School accepts children regardless of religion, race or national origin. Medicaid and private insurance fund a majority of MHS residents, and no Massachusetts child is denied services because of an inability to pay.

All patients admitted to MHS must have a *physical disability* which requires medical management, as defined by the general criteria in the regulations for Chronic/Rehabilitative Care or Skilled Nursing Care. This physical disability may be either congenital or related to a traumatic injury.

To be considered for admission, the patient must be capable of developing skills necessary for living in the community once he or she is discharged from MHS. Intrinsic to this capability are the following functional levels:

- A cognitive level that indicates the potential to learn to anticipate one's own self-care needs; to develop an ability to communicate such needs to others; and to manage one's own behavior in a relatively unstructured environment.
- A level of interpersonal functioning that indicates motivation to learn.
- The habilitative (or rehabilitative) patient is measured in part, at MHS, by an ability to benefit and progress by participation in at least three of the following:
  - Rehabilitative Engineering
  - Nursing Services
  - Occupational Therapy
  - Speech and Language Therapy
  - Vocational Training
  - Independent Living Skills Training
  - Dietary
  - Physical Therapy
  - Psychology
  - Social Services
  - Recreational Therapy
  - Respiratory Therapy

It is generally accepted that children grow and function best when they are part of, and feel attached to, a family unit. With this in mind, admission to the Massachusetts Hospital School should be time-limited and part of an overall plan for the child and the family. It is important to acknowledge that MHS cannot take the place of a family.

In order to continue to feel part of the larger community, MHS residents are expected to leave the facility for weekends and school vacation times, including summer vacations. A written plan for this must be presented with admission materials. An annual contract will be negotiated between the family and MHS to clarify the involvement of the family.

Before considering the residential placement, it should be determined that no appropriate community resources are available to meet the particular needs of the applicant at this time.

There are several criteria which *exclude* children from admission to MHS because this facility is not designed to meet their particular needs:

- Lack of potential to develop the ability to manage one's own behavior is not consistent with our mandate.
- Patients with psychosis and/or chronic aggression or disruptive behavior are beyond our ability to treat.
- We are unable to provide programs for children who need one-to-one staffing.

The Admissions Committee, a multi-disciplinary group appointed by the Superintendent, is charged with screening all applications for admissions to the Hospital School. For more information on admissions, you may write to:

Admissions Committee
Massachusetts Hospital School
Three Randolph Street
Canton, Massachusetts 02021.

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We work together as a team — the specialists, the parents and the educators — to help the whole child so that, after a while, that child will no longer need this residential facility.

The Facts About Our Staff

Massachusetts Hospital School is a community that shares a sense of purpose. The trustees, employees, consultants and volunteers all participate in helping each youngster to have a better, richer, fuller and more rewarding life. We are a team of:

- 341 Full-time employees from the Department of Public Health
- 50 Full-time employees funded by the Department of Education
- 102 Professional consultants
- 135 Volunteers

The combined expertise available at the Massachusetts Hospital School is part of the magic and miracle that happens here. We utilize a team approach based on the belief that any situation should be looked at from several vantage points. The best solution is a dynamic combination of many ideas.

We have staff in numerous departments: medicine; nursing; psychology; social services; education; all of the therapies; cooking and dietary; payroll, personnel, bookkeeping and accounting; transportation; X-ray; administrative and secretarial; groundskeeping and custodial; engineering; pharmacy; and more.

Our physicians are affiliated with outstanding Greater Boston institutions (such as Harvard, Tufts, the University of Massachusetts, Boston University). Annually we train over 100 graduate students in the areas of physical, occupational, speech and recreational therapy; accounting, health care management, orthopedic surgery, special education, psychology and rehabilitation engineering. Many of our professional staff hold Master's degrees; others are appropriately certified and registered.

The Faces of Our Staff

Sam T. is a carpenter who has worked at MHS for 15 years. He hangs pictures, repairs gutters and helps make language boards to facilitate communication for non-vocal students.

Linda M. is a registered nurse who has worked at MHS for 23 years. She is the mother of six children and brings a unique, caring perspective to her position.

Sarah V. has worked at MHS for less than a year. Her four-day work week provides occupational therapy for students when they dress and eat breakfast in the morning and when they go out shopping at a local mall after supper.

Mark E. heads a new program at MHS which operates with foundation funding and provides adaptation to equipment needed by disabled individuals residing within the community.

Mary F. volunteers 35 hours per week at MHS — she loves it! The students really benefit from the "little" touches she provides — sewing on a button, a warm hug when a frown appears and extra help with feeding at lunch time.

Any program is only as good as the people who implement it. We salute our staff and thank them for their great dedication!

Each young person

who comes to MHS

brings special abilities

and certain specific

disabilities. At the

center of everything

we do is the heartfelt

belief that all children

deserve to be the best

that they can be.

The People We Serve

Barbara L. is a 19 year old (the majority of residents are aged 13 to 21) and has lived at MHS for two years since an automobile accident left her a quadraplegic. Barbara needs integrated services including physical therapy, medication and psychological therapy to assist in coping with her situation. Social Services will help Barbara to plan for her discharge after graduation from Brayton High School.

Barbara's speech and learning abilities are unaffected by her accident, and she is planning to attend college. In order to live independently after leaving MHS, Barbara will need the assistance of a personal care attendant to help with the activities she can no longer manage herself. She is focusing on improving her independent living skills through the Department of Education experiential program on campus. MHS is one of the few agencies in the United States that provide a residential independent living program for adolescents. Barbara joined her classmates on a trip to DisneyWorld and hopes next year to go to London.

Elliott R. is 14 years old and has muscular dystrophy (as does 14 percent of the MHS population). The progression of his disease has decreased his mobility from crutches to a manual wheelchair, to his current electric wheelchair. He now spends his nights in an iron lung in order to rest his muscles and conserve his energy for the daytime hours when he attends school. Despite his disability, Elliott participates in wheelchair sports through the adaptive recreation program and attends wheelchair athletic track meets with his teammates. Elliott's parents are working with Rehabilitation Engineering to develop a home that is totally accessible for Elliott who, like 75 percent of MHS students, returns home on weekends and for school vacations. Elliott has complex medical, physical and psychological needs, and Elliott's family utilizes the many support services at MHS. Last year Elliott was visited by a famous local wrestler (he's a loyal fan of wrestling on TV) who came from Elliott's home town. The event became a highlight for many of the students who collected autographs, pictures and talked about Hulkamania.

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MHS is one of the few facilities in the United States to provide a residential independent living program for adolescents to learn and practice life skills.

Crystal A. is a 15-year old girl with myelodysplasia (spina bifida) whose parents admitted her to MHS when she was 11. Crystal's parents are now divorced and neither parent is able to care for her full-time. Crystal remains at MHS most of the time and will probably be in residence until she is 22. The Social Service department is actively seeking foster parents for Crystal who could take her home for weekends and holidays. Because Crystal finds learning difficult, her individualized educational plan (IEP) includes a component of vocational training. With these skills, she is employed on-campus to answer telephones eight hours per week for which she earns a stipend. She is responsible for clocking her hours and managing her money as part of the vocational training. Crystal is scheduled for another spine operation which will necessitate her spending months in a mobile bed-cart lying on her stomach. This won't prevent Crystal from attending the Prom. She has already selected her gown, and the nurses plan to help her decorate the bed-cart with matching ribbons.

Gary M., age 17, has cerebral palsy — like 50 percent of the youngsters at MHS — and has limited ability to control his movements. Gary is unable to speak. Above normal in intelligence, Gary has been assisted in learning and communicating through a series of adaptive devices, including a "speech pac" (computerized voice synthesizer), modifications to his electric wheelchair and a personal computer. This year, his essay at the annual tree-planting ceremony won first prize. The Speech and Language department has created a language board just for Gary, which allows him to "converse" by pointing to one letter or picture at a time. Gary's determination in the classroom is matched by his determination to do as much as he can physically as well. He races in Track Jamboree every year (an event at MHS in which the youngsters participate in relay races, "fun runs" and other games to raise money for their Senior Class Trip). Each year, Gary tries to complete more miles than the previous year. He has also performed in the class play and volunteers during the summer to help out in the Summer Camp program.

Vision is having an acute sense of the possible. It is seeing what others don't see. When those with similar vision are drawn together, something extraordinary happens. Commitment, then, is what transforms this vision into reality. It is the stuff character is made of; the power to change the face of things.

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Our Commitment

The energy and courage to maintain an intensive involvement with children and young adults flows from vision and commitment. The vision must be thoughtful enough to recognize the particular uniqueness of each individual. From this vision comes an ability to understand the role adults can play in facilitating the process of exploring one's own identity.

Acting on this vision day-in and day-out is difficult — hence, the need for commitment which, ultimately, is the perseverance of a vision.

The quotation at the beginning of this section calls attention to "something extraordinary" that occurs when people of similar vision join together. This "something extraordinary" is precisely the magic, the miracle and the substance of the Massachusetts Hospital School. For we are clear in our vision: All young people, with their abilities and their disabilities, have immense potential. And, we are firm in our commitment to help each young person at MHS maximize that potential.

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